

STATEMENT REQUESTING REPLACEMENT OF FOOD STAMP BENEFITS

(Do not use this form for improperly manufactured or mutilated coupons)

Name: _____	FOR CDJFS USE ONLY Date this form was received from the assistance group: _____ Control / Serial Number: _____
Address: _____	
City, State, Zip Code: _____	
Case/Category/Sequence: _____	
Date Loss Reported: _____	

- ☐ I did not receive the \$ _____ food stamp allotment mailed to me on _____.
- ☐ Neither I nor an authorized representative signed for and received the \$ _____ food stamp allotment issued on _____.
- ☐ I am requesting the replacement of \$ _____ of food or coupons (circle one) which were destroyed in a disaster or misfortune. (Explain how the destruction occurred in the **REMARKS** section below. Verification of the disaster or misfortune will be required.)
- ☐ Request for other reason(s). Be specific. _____

REMARKS (To be completed by the assistance group member to explain how the loss occurred, if necessary).

CAREFULLY READ AND SIGN

I acknowledge that if this statement is not signed and returned to the county agency within 10 days of the date the loss was reported, the county agency shall not replace the food stamp coupons. I understand that if the missing food stamps originally issued are received at a later date, I will return them immediately to the county department of job and family services. I certify that I am aware that there are penalties for intentional misrepresentation of facts, including but not limited to perjury for a false claim. I acknowledge that I may request to be put on an alternate form of issuance after once failing to receive my food stamp coupons and that after two replacements in a six-month period for not receiving my coupons in the mail, I will be placed on an alternate form of issuance. I acknowledge that after two replacements in a six-month period the county agency may deny or delay further replacements for such causes. I understand that the agency has 10 days from the date I reported this nondelivery or loss (15 days if I am reporting nondelivery in the mail which was sent by certified or registered mail) or two working days from when I signed and returned this form, whichever is later, to issue any replacement due me unless my request is delayed or denied.

Signature: _____ Date: _____

If you do not agree with the action taken on your case, you may request a fair hearing orally or in writing.

Distribution: Original to CDJFS
Photocopy for any other use.